

Michigan Department of Health and Human Services  
Bureau of EMS, Trauma, and Preparedness  
Emergency Medical Services  
P.O. Box 30437  
Lansing, Michigan 48909  
(517) 241-0179  
**Website:** [www.michigan.gov/ems](http://www.michigan.gov/ems)  
*Authority: P.A. 368 of 1978, as amended*

## **INSTRUCTOR COORDINATOR APPLICATION FOR LICENSURE INSTRUCTIONS**

Applications must be submitted and complete before you are approved to take the State Instructor Coordinator exam. The exam reservation form is included in this packet and can be submitted with your application and fee. Applications received without the required fee will be returned to the applicant. **ALL FEES ARE NON-REFUNDABLE** and are for the license as well as the exam. If a retest is needed you will not need to submit another fee. After your documentation has been reviewed and you are approved for the exam you will be sent a confirmation letter allowing you to test. Completed applications received prior to the first of any month will be scheduled for that month's exam. Otherwise, when the application is incomplete you will be scheduled for the next exam once completed.

Other items to complete:

- Complete Part I of the Verification of Field Experience Form and forward it to the Life Support Agency director for completion of Part II verifying your **FIELD experience**. Completion of this form verifies that you have completed the field experience, for a minimum of three years at or above the level you are applying for, providing direct patient care with a licensed Life Support Agency. **If you have worked for more than one agency during the three-year period you may copy this form and submit it to more than one agency director.**
- Complete the attached examination reservation form for the Michigan IC exam.

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## INSTRUCTOR COORDINATOR APPLICATION FOR LICENSURE

Authority: Public Act 368 of 1978, as amended.  
 If this form is not complete, a license will not be issued.

**State Office Use Only**

### Type or Print Only

You may apply for licensure as an Instructor Coordinator if you meet **all of the following requirements**:

- Completed a Michigan Instructor-Coordinator course within the last 2 years;
- Have three years of field experience providing direct patient care with a licensed Michigan Life Support Agency at the level you are applying for;
- Currently licensed in Michigan at or above the level you are applying for

### I AM APPLYING FOR THE FOLLOWING (Check ONE only)

- ☐ **Medical First Responder Instructor Coordinator – Fee: \$100.00**
- ☐ **Emergency Medical Technician Instructor Coordinator – Fee: \$100.00**
- ☐ **Specialist/AEMT Instructor Coordinator – Fee \$100.00**
- ☐ **Paramedic Instructor Coordinator – Fee: \$100.00**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH. Fees are deposited upon receipt and are NON-REFUNDABLE.**

|   |             |                      |
|---|-------------|----------------------|
| First Name  | Middle Name | Last Name            |
| U.S. Social Security Number                               |             | Date of Birth        |
| Street Address  |             |                      |
| City/State  | Zip Code    | Daytime Phone Number |
| All Previous Names and/or Birth Name Used (If Applicable) |             | Email Address        |

### EDUCATION INFORMATION (Must have completed your course within the past 2 years):

|   |                           |
|---|---------------------------|
| Education Program Sponsor (Name and Location) | Date of Course Completion |
|---|---------------------------|

|      |                        |
|------|------------------------|
| Name | Social Security Number |
|------|------------------------|

**Check the appropriate answer to each of the following questions.**

|  |
|--|
| <p>1. Have you ever been convicted of a misdemeanor or felony, other than minor traffic violations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>NOTE: Attach Criminal Conviction History Form (EMS-252) for a Yes answer</b></p>   |
| <p>2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>NOTE: Attach a detailed explanation for a Yes answer</b></p> |

Once you are licensed, all licensees are required to complete the continuing education requirements for renewal of your Michigan Instructor-Coordinator license. **Refer to EMS Instructor Coordinator CE Form (BHPPA-EMS-127) for credit options and requirements, which can be found on our website at: [www.michigan.gov/ems](http://www.michigan.gov/ems).**

|   |      |
|---|------|
| <p><b>CERTIFICATION</b></p> <p><b>I certify that I am the person named on this application and that all statements are true. I understand that my Education Program Sponsor shall be made aware of my examination results. Once licensed, I will comply with all applicable state laws and rules.</b></p> <p><b>I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.</b></p> <p><b>I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.</b></p> <p><b>The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.</b></p> |      |
| Signature   | Date |

The Department of Health and Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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Fax (517) 335-9434

**VERIFICATION OF THREE YEARS OF FIELD EXPERIENCE  
FOR INSTRUCTOR COORDINATOR APPLICANTS**

To qualify for an Instructor Coordinator (IC) license, an applicant must have completed a Michigan IC education course, be currently licensed as an MFR, EMT, Specialist/AEMT, or Paramedic and have three years field experience providing direct patient care with a licensed Michigan Life Support Agency at the level of IC you are applying for.

**Part I: To be completed by the applicant and forwarded to the Michigan Licensed Life Support Agency Director for completion.**

|                                     |             |                              |          |
|-------------------------------------|-------------|------------------------------|----------|
| First Name                          | Middle Name | Last Name                    |          |
| Street Address                      | City        | State                        | Zip Code |
| Current Michigan EMS License Number |             | U. S. Social Security Number |          |

**Part II: To be completed by the Michigan Licensed Life Support Agency Director where the applicant obtained their three years field experience. This form must be submitted with an ORIGINAL signature. Copies will NOT be accepted.**

|                |       |                       |  |
|----------------|-------|-----------------------|--|
| Name of Agency |       | Agency License Number |  |
| Street Address |       | Telephone Number      |  |
| City           | State | ZIP Code              |  |

Based on our personnel files, the above named applicant has completed **FIELD experience** at the level of MFR, EMT, Specialist (AEMT), or Paramedic, **providing direct patient care with the above licensed Life Support Agency**. Please indicate level and dates this applicant has obtained field experience with your agency. (**Note: this is not the same as their dates of licensure**)

This is to certify that \_\_\_\_\_ has worked meeting all of the above requirements as an:

Applicant's Name

☐ Medical First Responder \_\_\_\_\_ to \_\_\_\_\_

☐ Emergency Medical Technician \_\_\_\_\_ to \_\_\_\_\_

☐ Specialist/AEMT \_\_\_\_\_ to \_\_\_\_\_

☐ Paramedic \_\_\_\_\_ to \_\_\_\_\_

(mm/dd/yy) (mm/dd/yy)

\_\_\_\_\_  
Signature of Agency Director

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Print or Type Agency Director Name

The Department of Health and Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency

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### CRIMINAL CONVICTION HISTORY FORM

Authority: Public Act 368 of 1978, as amended

If you have been convicted of a misdemeanor or felony, please complete this form and mail it to the address above or fax it to: (517) 335-9434. If you have applied for licensure, processing of your application will be delayed until this information

|                             |                        |                                      |
|-----------------------------|------------------------|--------------------------------------|
| First Name                  | Middle Name            | Last Name                            |
| U.S. Social Security Number | Drivers License Number | Type of license you are applying for |

#### Conviction #1 Information

|  |
|--|
| Briefly state the nature of the conviction   |
| Date of Violation  |
| Date of Conviction   |
| County, State, & Court of Jurisdiction   |
| Sentence   |
| Please check, if applicable and give date:<br><input type="checkbox"/> Expunged on: ____/____/____<br><input type="checkbox"/> Annulled on: ____/____/____ |

#### Conviction #2 Information

|  |
|--|
| Briefly state the nature of the conviction   |
| Date of Violation  |
| Date of Conviction   |
| County, State, & Court of Jurisdiction   |
| Sentence   |
| Please check, if applicable and give date:<br><input type="checkbox"/> Expunged on: ____/____/____<br><input type="checkbox"/> Annulled on: ____/____/____ |

**NOTE: The back of this form may be used if you have more than two convictions**

#### CERTIFICATION

I hereby certify that the above facts and any attached statements are true, accurate, and complete about any and all convictions.

|                                 |      |
|---------------------------------|------|
| Signature of Applicant/Licensee | Date |
|---------------------------------|------|

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## MICHIGAN EMS IC EXAM RESERVATION FORM

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
\_\_\_\_\_ Email Address: \_\_\_\_\_

**Initial Test:** This form **MUST** be submitted with your Instructor Coordinator (IC) application packet for licensure. The exam cannot be scheduled until **BOTH** documents are received and approved.

**Retest:** This form may be faxed to 517-335-9434 or emailed to [NethawayC@michigan.gov](mailto:NethawayC@michigan.gov). The IC application for licensure is kept on file in the EMS office for up to 2 years; **no additional IC application or fee** is required for retesting.

**All IC Tests:** The application form must be received by the department prior to the first day of the month in which the exam is scheduled. (Example: The application for the Jan 19<sup>th</sup> exam, must be received by Jan. 1<sup>st</sup>)

**Program Sponsor:** \_\_\_\_\_ **Course Completion Date** \_\_\_\_\_

Check one: ☐ Initial Exam  
☐ Retest

**A confirmation email will be sent notifying you of the date of your exam.**

Please indicate 3 choices of exam date and times listed below in order by preference. (Example: 1, 2, 3)

### Available Examination Dates:

|                   |  |                    |  |
|-------------------|--|--------------------|--|
| January 19, 2016  | <input type="checkbox"/> 12 p.m.                                 | July 19, 2016      | <input type="checkbox"/> 12 p.m.                                 |
| February 16, 2016 | <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 12 p.m. | August 16, 2016    | <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 12 p.m. |
| March 15, 2016    | <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 12 p.m. | September 20, 2016 | <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 12 p.m. |
| April 19, 2016    | <input type="checkbox"/> 12 p.m.                                 | October 18, 2016   | <input type="checkbox"/> 12 p.m.                                 |
| May 17, 2016      | <input type="checkbox"/> 9 a.m.                                  | November 15, 2016  | <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 12 p.m. |
| June 21, 2016     | <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 12 p.m. | December 20, 2016  | <input type="checkbox"/> 9 a.m. <input type="checkbox"/> 12 p.m. |

The IC exams will be held at the Division of EMS and Trauma office, located at 1001 Terminal Road, Lansing, MI, 48906.

NOTE: Official picture ID (i.e. driver's license, military ID, State Police ID) and the confirmation letter are required to take the IC exam.